DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION As a below named inventor, I hereby declare that:		ATTORNE	ATTORNEY DOCKET NO. 200313398-1	
My residence/post office add I believe I am the original, firs	ress and citizenship are a st and sole inventor (if or s are listed below) of th tion entitled:	ily one name is listed	o my name; below) or an original, first and ch is claimed and for which a	
the specification of which is	attached hereto unless ti	ne following box is ch	ecked:	
() was filed on		· •		
	and was amend			
I hereby state that I have re including the claims, as ame disclose all information which	inded by any amendmer	it(s) referred to above	above-identified specification e. I acknowledge the duty to FR 1.56.	
Foreign Application(s) and/or Claim	of Foreign Priority	•		
I hereby claim foreign priority bene- inventor(s) certificate listed below a a filing date before that of the applic	nd have also identified below (any foreign application for	ny foreign application(s) for patent o patent or inventor(s) certificate having	
COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119	
			YES: NO:	
			YES: NO:	
Provisional Application I hereby claim the benefit under Tit below:	le 35, United States Code Se	ction 119(e) of any United	States provisional application(s) liste	
·	APPLICATION NUMBER	FILING DATE	\neg	
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U. S. Priority Claim I hereby claim the benefit under Tit	lle 35, United States Code, S	ection 120 of any United S	States application(s) listed below and	
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(Use Page Two For Additional Inventor(s) Signature(s))

Page 1 of 2

ATTORNEY DOCKET NO. 200313398-1 DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued) Full Name of Joint Inventor: David P. Echberger Citizenship: U.S.A. 7835 Leaf Point Court, Houston, TX 77095, U.S.A. Residence: 7835 Leaf Point Court, Houston, TX 77095, U.S.A. Post-Office Address Date Full Name of joint inventor: Tom S. Sparks Citizenship: U.S.A. 18102 Wild Willow Lane, Katy, TX 77449, U.S.A. Residence: 18102 Wild Willow Lane, Katy, TX 77449, U.S.A. Post Office Address: mm inventor s signatur Date Full Name of joint inventor: Residence: Post Office Address: inventor a signature Date Full Name of joint inventor: Citizenship: Residence: Post Office Address: Inventor's Signature Date Full Name of joint inventor: Citizenship: Residence: Post Office Address: inventor s signature Date Full Name of Joint Inventor: Citizenship: Residence: Post Office Address: Inventor's Signature Date Full Name of joint inventor: Citizenship: Residence:

Rev 10/03 (DecPwr)

Post Office Address:

Inventor s Signature

(Use Page Two For Additional Inventor(s) Signature(s))

Date